ATTACHMENT C Sample Acknowledgement of Risk Form VISITOR'S ACKNOWLEDGEMENT OF RISKS

In consideration of the services	s of	
Doing Business As		,
	es, and stockholders, and all other persons or eleto as "	
so I can enjoy an activity for w risk. Certain risks are inherent activity. These inherent risks a be the cause of loss or damag death does r	has taken reasonable steps to provide me nich I may not be skilled, in each activity and cannot be eliminated without re some of the same elements that contribute to to my equipment, or accidental injury, illness, ot want to frighten me or reduce my enthusiasm of expect and to be informed of the inherent risks	_ has informed me this activity is not without ut destroying the unique character of the o the unique character of this activity and can or in extreme cases, permanent trauma or in for this activity, but believes it is important for
I am aware that (Descri	otion of activity):	
entails risks of injury or death to other unknown or unanticipate for the inherent risks identified purely voluntary; no one is force inherent risks. I acknowledge that enactivities and that I have response.	o any participant. I understand the description of inherent risks may result in injury or death. I as herein and those inherent risks not specifically is ing me to participate, and I elect to participate in gaging in this activity may require a degree of should be as a participant. I acknowledge that the nature and physical demands of this activity and	gree to assume and accept full responsibility identified. My participation in this activity is a spite of and with full knowledge of the kill and knowledge different from other a staff of has been available
myself, including all minor child expenses as a result of those i	capable of participating in this activity. Therefore dren in my care, custody, and control, for bodily nherent risks and dangers identified herein and result of my negligence in participating in this a	injury, death, or loss of personal property and those inherent risks and dangers not
	elearly understood, and accepted the terms and we and binding upon me, my heirs, assigns, persong minor children.	
Signature	Printed Name	Date
Address, City, State, Zip	Phone	Date
**********	**************************************	******
Signature of Parent of Guardian	, if participant is under 18 years of age	
Signature	Printed Name	Date
Phone		